

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Governor's Office Division, Department, or Region (if applicable) Street Address State Capitol Area Code/Phone Number (916) 445-0873 E-mail daniel.maguire@gov.ca.gov Agency Contact (name and title) Dan Maguire, Deputy Legal Affairs Secretary		Date Stamp	California Form 801 For Official Use Only
		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

<input type="checkbox"/> Individual	Last Name		First Name	<input checked="" type="checkbox"/> Other	California State Protocol Foundation		Name
1215 K Street		Sacramento		CA	95814		
Address		City		State	Zip Code		

The CSPF is a 501(c)(3) organization that promotes California and provides support on diplomatic and consular matters.

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

See Exh. A	\$	See Exh. A	See Exh. A	\$	See Exh. A
Name		Amount	Name		Amount

3. Payment Information

Date and Amount of Payment (other than travel) 12 2 09 \$ 4,528
(month, day, year) (Round to whole dollars)Travel Payment Information (Round to whole dollars) Location of Travel Copenhagen, Denmark

<u>12/9/09 - 12/13/09</u>	\$ <u>0</u>	\$ <u>4,528</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>4,528</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

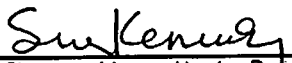
The CSPF paid lodging for two consultants (non-State employees) who performed work in connection with the Governor's presentation at the United Nations Climate Conference, in Copenhagen Denmark.

Identify the officials for whom the payment was used:

N/A	Last Name		First Name	Title	Department/Division
	Last Name		First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

	Susan Kennedy	Chief of Staff	<u>12/28/</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)

Exhibit A

Business & Foundation Revenue

Deposit Date:	Name	Mr/Mrs./Ms.	Contact First:	Contact Last:	Title:	Street1	City	State	Zip	Country	Amount
11/19/2009	University of Phoenix	Ms.	Ayla	Dickey	Senior Vice President of Public Affairs	4025 South Riverpoint Parkway	Phoenix	AZ	85404	USA	\$50,000.00
11/17/2009	The Orso Group	Mr.	Sergio	Amoroso	Chairman	Alameda Mamores 989 25th floor	Sao Paulo	SP	08454-040	Brazil	\$10,000.00

Total: 60,000.00

In Kind Services

Total: 0.00